

# **Texas Department of Health**

## **General (Level III) Trauma Facility Initial/Re-designation Site Survey Agenda**

The purpose of the Texas Department of Health (TDH)-Trauma designation review process is to verify a hospital's compliance with TDH standards for a Trauma Facility. Site surveyors are charged with the responsibility of obtaining an accurate assessment of the hospital's capabilities in a very short period of time. For this reason, we ask that the Trauma Program personnel at the hospital carefully prepare for the visit by having all documents and medical records carefully organized and accessible to the surveyors. Please use the attached checklist to assure that you have included all needed documents in the questionnaire. Please be aware that surveyors will look beyond the requested documents and medical records if they need additional validation of compliance with the standards. The application will give the surveyors an overview of the trauma program and serves as a guide for the review process.

For planning purposes, the review will last for approximately six hours. Please note that, in general, the survey team will set the schedule for the day. Time lines may vary according to surveyor preference. Please have one staff member (Trauma Coordinator, Trauma Medical Director, or Trauma Surgeon) available to accompany each of the surveyors on the tour of the facility. It is helpful for the Trauma Coordinator, Trauma Registrar and Trauma Medical Director to be readily available to the survey team for the entire review. One of the reviewers will visit each department listed below, not necessarily in the order stated.

### **Emergency Department - 30 minutes**

- a. Review Emergency Department facility, resuscitation area, equipment, protocols, flow sheet, staffing, and trauma call schedules;
- b. Interview Emergency Department physician and nurse; and
- c. Review the pre-hospital interaction and QI feedback mechanism.

### **Operating Room/Recovery Room - 15 minutes**

- a. Interview Operating Room Nurse manager and Anesthesiologist,
- b. Check operating Room schedule,
- c. Determine how a trauma OR suite is opened STAT, and
- d. Review equipment availability.

### **Intensive Care Unit - 15 minutes**

- a. Inspect facility/review equipment,
- b. Review flow sheets and standards of care, and
- c. Interview Medical Director/Nurse Manager/Staff Nurse,
- d. Discuss patient triage and bed availability.

### **Medical Surgical/Ortho/Pediatric Units - 15 minutes**

- a. Inspect facility/review equipment,
- b. Review flow sheets and standards of care, and
- c. Interview Medical Director/Nurse Manager/Staff Nurse,
- d. Discuss patient triage and bed availability.

### **Radiology - 10 minutes**

- a. Inspect facility,
- b. Interview radiologist and technician,

- c. Discuss patient triage, and
- d. Determine patient monitoring policy.

**Blood Bank/Laboratories - 10 minutes**

- a. Inspect facility,
- b. Interview technicians, and
- c. Determine availability of blood products and massive transfusion protocols.

**Rehabilitation - 10 minutes**

- a. Inspect facility,
- b. Interview staff, and
- c. Determine where rehabilitation is initiated.

**Interviews - if not accomplished during the pre-review dinner**

Potential interviews include: Hospital Administration, Trauma Medical, Director, Neurosurgeon, Orthopedic Surgeon, Trauma Coordinator, and/or Chief of Staff.

**Chart Review/QI - 3 hours**

- a. Review Performance Improvement documents, and
- b. Review Medical Records.

**Site Surveyors preparation for Exit Interview - 30 minutes**

**Closed meeting - site survey team only**

**Exit Interview - 30 minutes**

Hospital Administration, Trauma Medical Director, Trauma Coordinator, and others as desired by hospital administration.

**Available at Time of Review**

All materials listed below and requested in the application to be available *on-site* means that they are to be available *in the room where the chart review will take place*. A room with conference-style table and adequate space for surveyors to comfortably complete the review of the medical records should be available.

List of hospital's trauma activity for one year:

- a. Intramural Education - physicians, nurses, paramedics
- b. Extramural Education - physicians, nurses, paramedics
- c. Community Outreach/Injury Prevention activities
- d. Trauma related in-services

Copy of call schedule for three months prior to review:

- a. Trauma attending
- b. Trauma residents, include PGY level (if applicable)
- c. Neurosurgeon attending
- d. Orthopedic attending

**Performance Improvement (PI)**

- a. Minutes of all trauma service PI meetings for one year
- b. Attendance records for all trauma service PI meetings

- c. Documentation of all performance improvement programs relating to trauma for one year  
(provide evidence of loop closure)
- d. Trauma Registry information/statistics

Specific trauma patient medical records will be requested before the review or from the Trauma Registry at the time of review. Those records requested prior to the review should be in the review room and organized in stacks according to injury type to make them easily accessible to the surveyor. All deaths should be placed together by category- preventable, potentially preventable and non-preventable- in separate stacks. Label all stacks so that surveyors can access the appropriate charts easily.

**Available During Review for Interview - may be accomplished at pre-review dinner  
(Do not pre-schedule- discuss with surveyors at pre-review dinner)**

Hospital Administration  
Trauma Medical Director  
Emergency Department Medical Director  
Trauma Coordinator  
Director of Critical Care Unit  
EMS Representative

Representatives/Directors of the following departments:

Nursing	Rehabilitation
Laboratory	OR
Radiology	ICU